

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8/22

2 Serial/Patent #

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition			\$ 110
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/C #:	9 14--0116
10 REASON:		<input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): <i>Not nec.</i>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		<i>Gillen</i>	
SIGNATURE:		<i>[Signature]</i>	
OFFICE:		<i>OP</i>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED:		<i>Dave Kibbe</i>	
		DATE: <i>9/3/02</i>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**